

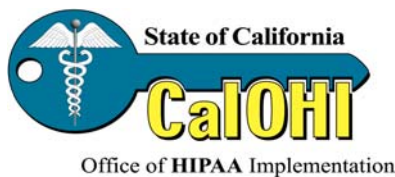
Report to the Legislature

STATEWIDE HIPAA ASSESSMENT

Appendices Part I

GRAY DAVIS
Governor
State of California

GRANTLAND JOHNSON
Secretary
Health and Human Services Agency



BURT R. COHEN
Acting Director
California Office of HIPAA Implementation

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A. GLOSSARY

Administrative Simplification (AS) - The portion of the HIPAA legislation that impacts the administration of health care services, such as the codes used in billing and record keeping.

Assessment – The Statewide Assessment document and process utilized by CalOHI to assess the implementation status of the California State government departments.

Business Associate – A person or entity that performs a function or assists a covered entity with a function or activity involving the use or disclosure of IIHI.

Business Partners –The generic organizations that have business relationships with covered entities, including trading partners, business associates and other organizations.

Covered Entities – A health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with treatment, billing and/or health care operations.

Code Sets – Any set of codes used to encode data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes.

Data Content – Any health care data elements and code sets inherent to a transaction, and not related to the format of the transaction.

Department – Any California State entity, including a department, agency, board, commission or other governmental organization established by State law.

Entity – An organization, corporation, government agency, etc.

Federal Government – The United States Department of Health and Human Services.

Health Care – Care, services or supplies furnished to an individual and related to the health of the individual.

Health Care Clearinghouse – A public or private entity that processes or changes information received from another entity in nonstandard format or data content into standard data elements or formats.

Health Care Provider – A provider of medical or other health services, and any other person or organization that furnishes, bills, or is paid for health care in the normal course of business.

Health Oversight Agency – An agency or authority of the United States, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including employees or agents of such public agency or their contractors, or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.

Health Plan – An individual or group plan that provides or pays the cost of medical care.

HIPAA – The federal Health Insurance Portability and Accountability Act of 1996.

Hybrid Entity – A single legal entity that among its several functions, is a covered entity and whose covered functions are not its' primary functions.

Individually Identifiable Health Information (IIHI) (or protected health information) – Any information, whether oral or recorded, in any form or medium that:

- (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university or health care clearinghouse in the normal course of business, and
- (2) Relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual; or the past; present or future payment for the provision of health care to an individual.

Impacted Entity – An entity that is impacted by HIPAA rules, including a covered entity and other entities that exchange IIHI with the covered entity that are required to adhere to HIPAA rules.

NPRM – Notice of Proposed Rulemaking – A document that describes and explains regulations that the federal government proposes to adopt at some future date, and invites interested parties to submit comments related to them.

Standard – A prescribed set of rules, conditions, or requirements describing the following information for products, systems, services or practices:

- (1) Classification of components
- (2) Specification of materials, performance, or operations
- (3) Delineation of procedures.

State – The State of California.

Trading Partner - An entity that enters into an agreement related to the electronic exchange of information.

Transaction – The exchange of information between two parties to carry out financial or administrative activities related to health care.

Treatment – Provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

B. HIPAA REGULATIONS AND LEGISLATION STATUS

Figure 1 HIPAA Regulations and Legislation Status

Regulations	Proposed Regulations Published	Description	Final Regulations Published	Status
Electronic Transactions Standards	5/7/1998	Initial standards for transactions and code sets.	8/17/2000	Implementation required by 10/2003
Modifications to the Electronic Transactions Standards		Proposed rule to adopt a new version of the standard for retail pharmacy claims.		Proposed regulations stimulated publication spring 2002
Privacy Standards	11/3/1999	Standards for privacy of personal health information	12/28/2000	Implementation required by 4/14/2003
Revision to Privacy Standards	3/28/02	Revision to original Privacy Standards		Proposed regulations estimated publication Winter 2002
National Employer Identifier	6/16/1998	IRS Employer Identification Number (EIN) is standard identifier for employers in standard transactions		Final regulations estimated publication Spring 2002
Security Standards	8/12/1998	Security of health information standards		Final regulations estimated publication spring/summer 2002
National Provider Identifier (NPI)	5/7/1998	Adopts the NPI as the standard identifier		Final regulations estimated publication summer 2002
Claims Attachment		Standard for claims attachments that frequently accompany health care standard transactions		Proposed regulations estimated publication spring/summer 2002
National Health Plan Identifier		Standard health plan identifier		Proposed regulations estimated publication date summer 2002
Electronic Signature	8/12/1998	Use of electronic signature		Final regulations to be developed when the National Committee on Vital and Health Statistics makes

REPORT TO THE LEGISLATURE – APPENDIX B

				recommendation
Regulations	Proposed Regulations Published	Description	Final Regulations Published	Status
First Report of Injury				Proposal expected from industry later in 2002. Proposed regulations will be developed then
Unique Identifiers for Individuals				Regulations on hold due to privacy concerns
Enforcement Standard		HHS is working on a draft rule to clarify the enforcement process		A workgroup is working on the enforcement standards.

*Information from HIPAAAdvisory, Phoenix Health at www.hipaadvisory.com/regs/compliancecal.htm and DHHS Administrative Simplification website <http://aspe.hhs.gov/admsimp>

HIPAA LEGISLATIVE STATUS

Figure 2 – HIPAA Legislative Status

Legislation	Legislation Enacted	Description	Status
Extension to compliance date for Implementation of the Transactions and Code Set Rules	December 2001	<p>Allows one-year extension for compliance with Transactions and Code Set Regulations. Contains requirements for Medicare claims for payment. Key provisions identified below:</p> <p>Model Compliance Extension Plan DHHS to develop a model compliance extension plan for use by covered entities when requesting the one-year extension for implementing the Electronic Transactions Standards</p> <p>Exclusion from Medicare DHHS has discretion to exclude from the Medicare program any covered entities that are not compliant by October 2002 who have not submitted a plan.</p> <p>Medicare Coverage Requirement Claims must be submitted electronically using HIPAA-compliant formats.</p>	<p>Plan will be published by 3/31/2002</p> <p>Schedule being developed</p> <p>Implementation required December 2002.</p>

C. HIPAA ASSESSMENT

Health Insurance Portability and Accountability Act (HIPAA) Office of HIPAA Implementation

HIPAA ASSESSMENT

Introduction	This section explains why we have sent you this document, including the statutory requirement for this assessment, and how to use the document.
Purpose	The objective of this assessment is to determine what programs in departments are covered by HIPAA regulations, and how HIPAA compliance impacts their operations. The document provides state departments with the information necessary to determine if HIPAA impacts your department's programs, business operations and systems, and requests feedback on that impact, and your department's current status of HIPAA compliance.
Background	<p>Federal Requirements</p> <p>The Health Insurance Portability and Accountability Act (HIPAA), also known as the Kassebaum-Kennedy bill, became public law (P.L. 104-191) on August 21, 1996. HIPAA was introduced as a bill to improve the portability and continuity of health insurance coverage in group and individual markets; to combat waste, fraud and abuse in health insurance and health care delivery; to improve access to services and coverage; and to simplify the administration of health insurance.</p> <p>HIPAA includes Administrative Simplification (AS) requirements intended to improve the efficiency and effectiveness of the entire health care system through the national standardization of electronic transactions and code sets. The HIPAA Privacy Rule establishes requirements for the handling of certain health care information to ensure privacy of patient health care data. Future AS rules will address unique health identifiers, security provisions, and enforcement.</p> <p>The requirements apply specifically to entities considered to be a Health Plan, Healthcare Clearinghouse, Healthcare Provider, Business Associate or Trading Partner as defined by HIPAA.</p>

HIPAA will also impact departments that use, transmit, collect or report any of the information which HIPAA covers under the Act.

Office of HIPAA Implementation

In responding to federal law, Governor Davis created the Office of HIPAA Implementation (OHI) within the Health and Human Services Agency in April 2001. This Office is responsible for providing statewide leadership, policy formulation, direction, coordination, and oversight in order to ensure the successful implementation of HIPAA regulations. At the same time the Governor directed state departments to coordinate with OHI in achieving compliance with HIPAA. Subsequently, the Governor proposed \$94 million to support departmental HIPAA compliance efforts. These funds were later appropriated by the Legislature.

Chapter 635, Statutes of 2001, creates the Office of HIPAA Implementation in statute and enacts Section 130309 of the Health and Safety Code. Section 130309 requires all state entities subject to HIPAA to complete an assessment in a form specified by OHI by January 1, 2002, to determine the impact of HIPAA on their operations. Other state entities are also required to cooperate to determine whether they are subject to HIPAA, including providing a completed assessment. OHI is required to report the findings of this assessment to the Legislature.

Instructions

How to Use this Document

This assessment will help you determine whether you are covered by HIPAA requirements, and will provide OHI, the Administration, and the Legislature with an overview of which departments are affected by HIPAA, the extent of that impact, and the status of their compliance activities.

The definitions and examples provided here are accurate to the best of OHI's knowledge. This material should be viewed in the context of your own organization and environment. OHI encourages departments to obtain legal opinions or decision documentation if needed to apply or interpret HIPAA regulations.

Please fill out the assessment to the best of your ability, providing current estimates where final information may not be available.

Departments should recognize that because you are comprised of various programs performing a variety of functions, your department could fit into multiple categories within the assessment.

The assessment should be signed by a Deputy Director, or above, of your Department and be returned to OHI by December 31, 2001 at:

Health and Human Services Agency

Office of HIPAA Implementation
1600 Ninth Street, Room 460
Sacramento, CA 95814

PART I

WHICH ORGANIZATIONAL CATEGORY BEST DESCRIBES YOUR DEPARTMENT?

Department, Board, or Commission Name:

Introduction

This section helps you determine if you are a Covered Entity, and therefore, subject to HIPAA, or a Business Associate or Trading Partner of a Covered Entity, a Hybrid Entity, or indirectly impacted by data content changes. If you are not impacted by HIPAA because you do not access or maintain individually identifiable health information, you can stop at the end of the Health Information section without completing the rest of the assessment.

Part I is intended to facilitate your department's determination of which organizational category best describes you. It will request that you evaluate your business processes, data collection and automated systems to make this determination.

Determine

Health Information

First, let's determine if your department has access to, or maintains *individually identifiable health information (IIHI)* as defined by HIPAA Regulations. The *IIHI* may reside in any medium (e.g., tape, paper, diskette, fax, e-mail, electronic, digital, voice message). Below are examples of documents that may contain health information.

Definition

Individually identifiable health information is "any information, whether oral or recorded, in any form or medium that:

- 1) Is created or received by a healthcare provider, health plan, public health authority, employer, life insurer, school or university or healthcare clearinghouse in the normal course of business, and;
- 2) Relates to the past, present or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present or future payment for the provision of health care to an individual."

Human resources (HR) within your department may handle health information (e.g., new employee health information), however, as a general rule the employee-employer relationship by itself is not covered under HIPAA. Therefore, at this point in time, it is our belief that HR is not covered by HIPAA. Our primary interest is for you to identify impact to your department's programs and services.

The following are some examples of health information:

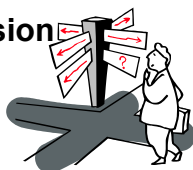
Administrative	Education	Financial
- Certificates (Birth, Death, Other)	- Behavior Rating Scales	- Claims Information - Insurance Billing and Payment Information

Clinical	
- Cancer Registry	- Medication Administration
- Complete Medical or Dental Files	- Nursing Notes and Logs
- Discharge Summary	- Radiology Reports
- Diagnosis Records	- Pathology Reports
- Doctor's Statements	- Physician Orders
- Health Plan Records	- Psychological Records & Testing Reports
- Immunization Records	- Treatment Plan
- Laboratory Data	- X-Ray Films

Following are some places the health information may be used in your organization:

- | | |
|--|----------------------|
| - Claims processing or
administration | - Legal |
| - Data analysis | - Actuarial |
| - Utilization review | - Accounting |
| - Quality Assurance | - Consulting |
| - Billing | - Data aggregation |
| - Benefit management | - Management |
| - Proactive management and
repricing | - Administration |
| | - Accreditation |
| | - Financial Services |

Decision



Does your department create, receive, send, maintain or have access to individually identifiable health information as described in the definition and examples above?

☐ Yes *Please continue with the assessment.*



☐ No You do not need to proceed further with the assessment. Please sign and return it according to the instructions on pages 2 and 3.

Determine

Healthcare Provider

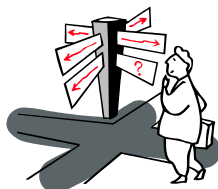
Second, let's determine if your department meets the HIPAA definition of a Healthcare Provider.

Definition

A *Healthcare provider* is “a provider of medical services including: *Institutional providers* (such as hospitals, skilled nursing facilities, home health agencies, comprehensive outpatient rehabilitation facilities); *facilities and practitioners* (including clinics and centers, physicians, clinical laboratories, pharmacies, nursing homes, licensed/certified healthcare practitioners and suppliers of durable medical equipment); and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business,” related to the health of an individual.

Examples

Furnishes Healthcare Services	Bills for Healthcare Services	Is Paid for Healthcare Services
<ul style="list-style-type: none"> - Preventive - Diagnostic - Therapeutic - Rehabilitative - Maintenance - Palliative - Counseling - Physical/Mental Condition - Functional Status 	<ul style="list-style-type: none"> - Specific Healthcare - Sale/Dispense – Drug - Sale/Dispense – Device - Sale/Dispense – Equipment - Other Prescription Item 	<ul style="list-style-type: none"> - Procure Blood - Procure Organs - Procure Other Tissue - Contractual Services - Clinical Software - Ancillary Services

Decision

Does your department meet the definition of a Healthcare Provider by furnishing healthcare services, billing for healthcare services or receiving payment for healthcare services?

☐ Yes

☐ No

Please continue with the assessment.

Determine**Health Plan**

Third, let's determine if your department meets the definition of a Health Plan.

Definition

Health plan means an individual or group plan that provides, or pays the cost of medical care.

Examples

<i>Includes the following</i>	<i>Excludes the following</i>
<ul style="list-style-type: none"> - An individual or group plan that provides or pays for the cost of medical care, has 50 or more participants, and is administered by an entity other than the employer - Insured and self-insured plans - An HMO (health insurance issuer) - Part A or Part B Medicare - Medicaid (Medi-Cal) Program - Medicare + Choice Program - Issuer of Medicare Supplemental policy - Issuer of long term care policy, excluding a nursing home fixed indemnity policy - Any arrangement that provides health benefits to the employee or 2 or more employers - Active military, Veterans Health Care Program, Civilian Health 	<ul style="list-style-type: none"> - Workers' compensation - Automobile insurance carriers - Government-funded program whose principle purpose is other than providing or paying the cost of health care (but do incidentally provide such services) e.g., WIC - Government funded program e.g., government funded health centers and immunization programs - Agencies that determine eligibility for enrollment in a health plan that is a government program providing public benefits, e.g., local welfare office. - County Welfare Office

<ul style="list-style-type: none"> - and Medical Program, Indian health service program, Federal Employees Health Benefit Plan - An approved State child health plan - A high risk pool that is a mechanism established under State law to provide health insurance coverage or comparable coverage to eligible individuals 	-
--	---

Decision

Is your department considered an Individual or Group Health Plan that provides or pays for medical care according to the HIPAA definition?

☐ Yes

☐ No

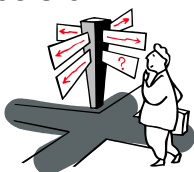
Please continue with the assessment.

Determine

Fourth, let's determine if your department sends or receives any administrative or financial transactions, containing individually identifiable health information **electronically** using any method (the Internet, Intranet, private network system, magnetic tape or disk).

Examples:

Administrative Transactions	Financial Transactions
<ul style="list-style-type: none"> - Enrollment/Dis-enrollment: Establishing or terminating Health care coverage - Authorization for Services or Referral to another provider - Eligibility for a Health Plan - Inquiries regarding Beneficiary eligibility or benefits - First Report of Injury 	<ul style="list-style-type: none"> - Coordination of Benefits - Health Claims - Health Claim Status - Healthcare Payment - Remittance Advice - Healthcare Premium Payment <p>Health Attachments – Documents containing detailed medical information regarding a claim or authorization</p>

Decision

Does your department send or receive administrative or financial transactions involving individually identifiable health information electronically?

☐ Yes

☐ No

Please continue with the assessment.

If your department is considered a Healthcare Provider or Health Plan.

And your department sends or receives administrative or financial transactions electronically containing individually identifiable health information

Then your department is a Covered Entity under HIPAA Regulations.

Is your department a Covered Entity on the basis of the above?

☐ Yes

☐ No

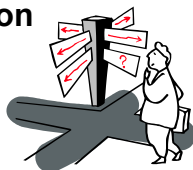
Please continue with the assessment.

Determine**Healthcare Clearinghouse**

Fifth, let's determine if your department meets the definition of a Healthcare Clearinghouse.

Definition

A Healthcare Clearinghouse is a "private or public entity that processes or facilitates the processing of health information received from another entity," either to or from the standard format that is required for electronic transactions.

Decision

Does your department receive or send individually identifiable health information from or to a Covered Entity, and process that

information either to or from the standard format that will be required for administrative or financial electronic transactions?

☐ Yes

☐ No

Please continue with the assessment.

If your department processes health information received from a Covered Entity

And sends the information to another Covered Entity,

Then your department is a Covered Entity under HIPAA Regulations.

Are you a Covered Entity on the basis of the above?

☐ Yes

☐ No

Please continue with the assessment.

Determine

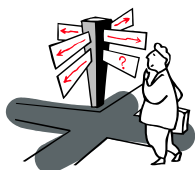
Hybrid Entity

Sixth, determine if your department meets the HIPAA definition of a Hybrid Entity.

Definition

A *Hybrid Entity* has programs or functions considered to be those of a Covered Entity, however the functions covered by HIPAA are not the department's primary function or "dominant mission".

Decision



If the primary function of your department is **not** related to health care

And your department has programs or performs functions that are considered to be those of a Covered Entity,

Then your department is considered a Hybrid Entity.

Are you a Hybrid Entity on the basis of the above?

☐ Yes

☐ No

Please continue with the assessment.

Determine

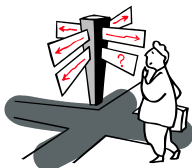
Business Associate

Seventh, determine if your department meets the HIPAA definition of a Business Associate.

Definition

A *Business Associate* is a person or entity that performs a function or assists a Covered Entity with a function or activity involving the use or disclosure of individually identifiable health information. (see page 3 for a definition of individually identifiable health information).

Decision



Does your department perform a service or function on behalf of an entity that may be deemed to be a Covered Entity as defined by the HIPAA Regulations?

☐ Yes

☐ No

Please continue with the assessment.

If your department performs a service/function on behalf of a Covered Entity and is given or discloses individually identifiable health information

Then your department is a Business Associate under HIPAA Regulations.

Are you a Business Associate?

☐ Yes

___ No

Please continue with the assessment.

Determine**Trading Partner**

Determine if your Department meets the HIPAA definition of a Trading Partner.

Definition

A *Trading Partner* is a person or organization that exchanges individually identifiable health information via electronic transmission with a Covered Entity.

Decision

Does your department electronically exchange individually identifiable health information, as defined on page 4, with a Covered Entity?

___ Yes

___ No

If your department electronically exchanges individually identifiable health information with a Covered Entity via electronic transmissions

Then your department is considered a Trading Partner under HIPAA Regulations.

Are you a Trading Partner?

___ Yes

___ No

Please continue with the assessment.

Determine**Data Content Impact**

Now, let's determine if your department uses any codes or transactions that will be changed by HIPAA Regulations.

Definition

Data content includes any set of codes (e.g. CPT 4) used to encode data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes. A code set includes the codes and the descriptors of the codes. Departments, counties, insurance carriers, and providers use health insurance code sets to bill, collect data and report with.

Decision

- 1) Does your department use health care services or procedure codes (e.g., Appendectomy, Chest X-Ray, Urinalysis, counseling, triage, or assessment and evaluation) for any of its business functions?
- 2) Does your department use diagnosis codes (e.g., Appendicitis, Congestive Heart Failure, Urinary Tract Infection, Office Visit, Counseling or Treatment Session) for any of its business functions?
- 3) Does your department use drug/pharmacy codes (e.g., Penicillin, Claritin) for any of its business functions?
- 4) Does your department use dental codes (e.g., Tooth Extraction) for any of its business functions?

If your department uses, transmits, collects data or reports using any of the types of data noted above

Then your department may be impacted by data content changes from a Covered Entity, Business Associate or Trading Partner.

Will your department be impacted by Data Content changes?

___ Yes

___ No

Please continue with the assessment.

Summary

Based on these questions and answers, I have determined that my department is:

Please check all that apply.

- ☐ a Covered Entity
 ☐ a Healthcare Provider
 ☐ a Health Plan
 ☐ a Healthcare Clearinghouse
☐ a Hybrid Entity
☐ a Business Associate
☐ a Trading Partner
☐ impacted by Data Content changes

☐ not covered by HIPAA
-

This concludes Part I of the Assessment.

If you are a Covered Entity, Business Associate, Trading Partner, Hybrid Entity, or impacted by Data Content changes, please continue with Part II, and tell us more about how HIPAA impacts your department and how you are preparing for that impact. If you are not covered by HIPAA, please indicate that above. You do not need to complete Part II. Please sign and return the form according to the instructions on pages 2 and 3.

PART II

WHAT KIND OF IMPACT WILL HIPAA HAVE IN YOUR DEPARTMENT?

Introduction

Now that you have reviewed your business processes and made determinations regarding the need for your department to be HIPAA compliant, we are interested in specific information regarding HIPAA's impact to you, and the status of your department's efforts. We have provided limited space, if additional space is needed please feel free to add an attachment.

Impact

1) The final Federal HIPAA rules that affect me are:

- ☐ Transactions and Code Sets
☐ Privacy

2) The programs within the department that are affected by HIPAA are:

-
-
-
-
- 3) Please identify key organizations with whom you exchange health information (e.g., insurance companies, providers, Medi-Cal, counties):

Status

We are interested in the *status* of your efforts to address the HIPAA regulations.

- 4) What is the current status of your department's HIPAA efforts? The "Steps to HIPAA Compliance" document (Appendix B) will help you answer the HIPAA compliance steps questions below.

- 4a) ☐ Not started yet
☐ Attending Statewide workgroup/Sub-workgroup meetings

4b) **HIPAA Compliance Steps**

Completed this Step?

- | | | |
|------------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Project Initiation (Awareness) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initial Assessment (Inventory) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Project Plan |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Detailed Assessment (Gap analysis) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Implementation |

- 5) Please identify your Department's HIPAA coordinator or primary contact?

Name: _____

Title: _____

Phone: _____ E-mail: _____

- 6) Is any portion of your HIPAA work contracted out?

- ☐ Yes. If yes, what portion? _____
What contractor? _____

☐ No

7) Have you established a Project Management Office?

☐ Yes

☐ No

8) Is there anything that you would highlight in your project management strategy (e.g. Department-wide interdisciplinary teams)?

☐ No

☐ Yes, our department _____

9) Have you met with your Business Partners regarding HIPAA?

☐ Yes

☐ No

10) Is someone in your department assessing HIPAA's impact to state laws and/or regulations and determining where changes are required?

☐ Yes

☐ No

11) Given your Department's current resources and plans, how easy will it be for your Department to be compliant with the Federal deadlines?

Rule:	Federal Deadline	Easy	_____	Very Difficult		
Transactions & Code Sets	10/16/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy	4/14/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please identify areas where you are concerned that non-compliance may occur: _____

12) Are you involved in any national standards organizations or workgroups? Please identify: _____

Scope

We are interested in the scope/size of HIPAA impact to your department.

13) Describe the HIPAA impact to your department relative to:

a) Essential Services:

b) Programs (identify programs (e.g., Medi-Cal) within your department that are affected by HIPAA):

c) Business Partners/Stakeholders:

d) Information Technology (IT) systems (identify the IT systems that will require remediation):

e) Customer interfaces:

14) What are your department's major/specific HIPAA issues and challenges (e.g., Medi-Cal's elimination of thousands of local codes)? Please quantify.

Fiscal

Have you estimated the cost for HIPAA assessment and remediation (in total or by rule)?

If so, how much:

Transactions and Code Sets \$ _____

Privacy \$ _____

Total \$ _____

15) Over what period of time (each fiscal year)?

01 / 02 \$ _____ 04 / 05 \$ _____

02 / 03 \$ _____ 05 / 06 \$ _____

03 / 04 \$ _____

16) Have you estimated the cost for your Project Management/contractor team? If so, how much?

\$ _____

17) Over what period of time (each fiscal year)?

01 / 02 \$ _____ 04 / 05 \$ _____

02 / 03 \$ _____ 05 / 06 \$ _____

03 / 04 \$ _____

18) Is there any money in your department's base that you can use? If so, how much? \$ _____

19) Have you *requested* funding for the current year? If so, how much \$ _____

20) Have you *received* funding for the current year? If so, how much? \$ _____

What is the status of your funding request? _____

21) Have you requested funding for the budget year? If so, how much? \$ _____

What is the status of your funding request?

22) Do you anticipate requesting funding for the budget year at a later date? If so, please provide an estimate

\$ _____

23) Please identify funding sources (e.g., special fund, federal fund) _____

24) Of total funding, estimate what proportion is General Fund, and what proportion is other funds, please specify (e.g. 10% General Fund, 90% federal funding) \$

25) Has your Department temporarily reduced or suspended any services or programs due to the redirection of funds and/or personnel for HIPAA compliance activities:

☐ Yes

☐ No

If yes, please explain:

Department Deputy Director Signature

Date

Department, Board, or Commission Name: _____

Please return this Assessment by December 31, 2001 to:

Health and Human Services Agency
Office of HIPAA Implementation
1600 Ninth Street, Room 460
Sacramento, CA 95814

Appendix - A**DRAFT -- HIPAA OVERVIEW****WHAT IS IT?**

The Health Insurance Portability and Accountability Act (HIPAA) will change certain aspects of the way health care is administered over the next few years. President Clinton signed the Kassebaum-Kennedy Health Insurance Portability and Accountability Act on August 21, 1996. HIPAA is designed to expand health coverage by improving the portability and continuity of health insurance coverage in group and individual markets; to combat waste in health care delivery; to promote the use of medical savings accounts; to improve access to long-term care services and coverage; and to simplify the administration of health insurance. Within this context HIPAA includes a provision called Administrative Simplification, which is intended to improve the efficiency and effectiveness of the health care system by encouraging the development of standards for the electronic transmission of certain health information. HIPAA also establishes privacy and security standards related to health information.

National Standards

Through the adoption of national standards, the health care industry can realize cost-savings by reducing administrative duplication. These standards are developed by processes delineated in the HIPAA legislation and are established by the publication of a “rule” in the Federal Register. There are a total of nine rules regarding HIPAA; two are final, six are in draft and the enforcement rule is under development.

Once each rule is published in the Federal Register, following a 60-day Congressional concurrence period, organizations have 24 months to become compliant. Public agencies are not exempt from HIPAA and must comply with the law, which impacts Covered Entities, described by HIPAA as Providers, Clearinghouses and Health Plans. Programs within State Agencies that fund health care services, under HIPAA, are usually considered health plans.

The “Transaction and Code Sets” rule, published in August 2000, was the first rule published. Health care organizations have until October 16, 2002 to comply with its requirements. The Transaction and Code Sets rule will apply to those Covered Entities that perform the following business functions:

- send or receive health care claims
- pay health care services
- send or receive eligibility inquiries
- conduct provider referrals and service authorizations

- perform health plan enrollment
- perform coordination of benefits activities

The second final rule is the Privacy Rule published in December 2000. Health care organizations have until April 14, 2003 to comply with its provisions. The Privacy Rule applies requirements for viewing, handling and storing individually identifiable health information that is written, electronic, faxed, when present on a monitor screen, or verbal. It will require a review and possible revision of many information policies, procedures and practices.

WHO MIGHT BE IMPACTED?

All public health and behavioral health programs will be impacted. Departments and program areas may be impacted to varying degrees, dependant upon the types of services they provide, their current administrative processes or if they handle certain health care information.

Any program area would almost certainly be impacted if it:

- *receives, submits or pays health care claims,*
- *is involved in plan enrollment or benefits, or*
- *receives, distributes or retains patient health care data.*

Any program may be impacted if it:

- *receives or submits medical information from / to a business partner,*
- *utilizes information collected from a provider working in a HIPAA compliant environment,*
- *uses detailed or summary medical information from other entities, or*
- *generates reports from medically related information.*

Health care and medical information will have new code set standards and formats. There are also new rules for the receiving, distributing and retaining of this information. Any departmental program involved in service delivery, collection, storage or distribution processes may be impacted. These programs need to review their business processes and automated systems for potential impact and identify actions to ensure compliance with the HIPAA Rules, as well as ensure essential services are not impacted. An important component is the communication and coordination with your business partners.

HIPAA will eliminate the use of “local codes”, codes that are not within the standard code sets. These code sets include medical procedure, health care service, mental health services, and administrative reporting codes. Many such codes are utilized to support key programs within county and provider processes. Program areas will need to identify new ways to track and report services currently supported by non-standard codes. If alternative reporting solutions are not developed, an entity’s ability to

administratively support some of its programs may be negatively impacted. All county and state programs that use local codes need to consider options for compliance. This will require coordination with business partners.

The Privacy Rule protects health information that is individually identifiable. While all entities should have security and privacy policies in place, the HIPAA standards may be more stringent and may require documentation that is not currently in place today. Each program needs to review its policies to ensure compliance, and will need to provide education and training to every person (employee, contractor, and temporary help) that potentially has access to health care data. The federal deadline for compliance with the Privacy Rule is April 14, 2003.

Other examples of potential impacts to consider include:

- Your business partners may use HIPAA compliant data collection processes that have limited coding sets, new field attributes and new definitions from current practices. These data collection processes may not provide enough specificity to meet current program objectives. For example, race/ethnicity codes in the HIPAA required standard format do not use the range currently used by many of California's programs.
- There may be additional costs to collect and report non-HIPAA compliant data.
- The Provider Taxonomy proposed may not uniquely break out the various types of providers currently defined. Provider reports may be impacted.
- In future rules, Provider numbers will be established at a national level and may not resemble the currently used numbers. Having access to currently valid numbers will be important in service delivery, edits and audits.
- Access and storage of data and records need policies and procedures in place to ensure clients have access to their health information, the ability to exercise their right to note modifications to these records, and can obtain a history of releases of their health information.
- Data transmission with business partners may require additional processes. Contract language should require that business partners apply HIPAA compliant processes. Encryption and authentication processes may be needed when data is moved between business partners.
- Periodic audits of security, privacy and business practices may be needed to document that reasonable processes and procedures have been initiated to meet federal standards and minimize liabilities.
- Similar entities may wish to adopt similar policies and procedures to ensure consistent applications of the federal standards.
- Changes to policies, regulations, and legislation may be needed to ensure HIPAA compliance, and support revised data collection, reporting and information sharing processes and procedures.
- Programs that operate a health plan for employees or constituents have potential impacts.

- Programs that use provider numbers, diagnosis codes, drug codes, local codes, health plan codes, or pass data to business partners may be impacted. Information access will most probably be more restrictive than our present practices. This may also require new computerized access controls.

HIPAA COORDINATION WORKGROUP

The interdependence between state departments, counties, providers and program areas that perform health related service delivery or use health information makes it vital that we approach HIPAA with a unified voice and common methodology. There are many critical issues that are still outstanding and each department's view, as well as the opinion of their business associates, should be consistently expressed at both a local and a national level. In addition, with over 90,000 providers throughout California, it is imperative that the HIPAA Workgroup and its constituent departments communicate with counties and providers about plans and schedules to coordinate implementation activities. Further, requests for resources must be coordinated and overall progress on implementation should be monitored and coordinated so issues can be addressed quickly.

With this in mind, a California Health and Human Services (CHHS) Agency Workgroup has been established to coordinate HIPAA compliance activities on a Statewide basis. The group has COLLABORATIVELY focused on awareness, issue identification and analysis, and tracking implementation efforts. Because of the need to coordinate and review HIPAA implementation, this workgroup is designated as the primary vehicle to move forward with HIPAA compliance for the CHHS Agency. It is suggested that representatives from each entity participate in the meetings and the various subject area sub-workgroups (e.g., Security/Privacy Sub-workgroup). It is critical that state and county issues are recognized, communication and coordination achieved, and a California voice be heard in national forums. For information on the Agency's Statewide Workgroup, please contact Ken McKinstry, at Kmckinst@dmhhq.state.ca.us.

Action is needed now

Action is needed now to ensure compliance with HIPAA rules within the federal timelines. HIPAA legislation includes specific timeframes for implementation and penalties for non-compliance. State entities and Counties may need to form workgroups to raise awareness, assess impacts, identify enterprisewide solutions, implement changes, address issues and coordinate with business partners as their programs, processes and procedures change.

D. DESCRIPTION OF INDIVIDUAL STATE DEPARTMENT HIPAA COVERED ENTITIES

The following provides a description of the state entity missions and programs and their HIPAA impacts. These descriptions were taken from the individual departments' websites and/or each departments' assessment.

CALIFORNIA DEPARTMENT OF AGING

Department and Program Descriptions

The **California Department of Aging** (CDA) is part of the Health and Human Services Agency. It serves as both a unifying force for services to seniors and adults with functional impairments and as a focal point for federal, state and local agencies that serve the elderly and adults with functional impairments in California. It fulfills the goals outlined in the Older Americans Act and acts as an advocate for seniors and adults with functional impairments by striving to develop an environment that respects and values the state's older residents and adults with functional impairments.

Assessment Identified HIPAA Impacts

CDA has designated its HIPAA impact as **health plan** and is therefore a **covered entity, hybrid entity, business associate, trading partner, and impacted by data content changes**. The HIPAA impacted programs are:

The ***Adult Day Health Care (ADHC)*** is a licensed community-based day care program providing a variety of health, therapeutic, and social services to those at risk of being placed in a nursing home. Currently, over 200 centers exist in many urban and rural areas of the state. About 22,000 aged individuals are served by this program.

The ***Local Multipurpose Senior Service Program (MSSP)*** sites provide social and health case management for frail elderly clients who are certifiable for placement in a nursing facility. Under a federal Medicaid Home and Community-Based, Long Term Care Services Waiver, MSSP provides comprehensive case management to assist frail elderly persons to remain at home. The goal of the program is to arrange for and monitor the use of community services to prevent or delay premature institutional placement of these frail clients. The services must be provided at a cost lower than that for nursing facility care. Clients eligible for the program must be 65 years of age or older, currently eligible for

Medi-Cal, and certified or certifiable for placement in a nursing facility. MSSP site staff members make this certification determination based upon Medi-Cal criteria for placement. About 10,250 aged individuals have been served by this program.

CDA as a whole may be considered a **hybrid entity** because two of its programs (AHDC and MSSP) may be considered **covered entities**, yet this may change depending on further analysis and coordination with the Department of Health Services (DHS). However, the primary function of the Department is not related to health care, rather the scope of services provided by the Department is social in nature.

Business Relationships

CDA identified local Aging Adult Agencies, health care providers and DHS as business partners or stakeholders. Other business relationships exist with Electronic Data System, Health and Human Services Agency Data Center, local MSSP and ADHC providers and the California Department of Social Services (CDSS).

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS (ADP)

Department and Program Descriptions

The ADP funds prevention programs to reduce the economic, social and personal costs of problems caused by the use of alcohol and other drugs. Emphasis is placed on youth populations not served by other systems and local programs designed to meet local needs. The Department's activities enhance the effectiveness and efficiency of the statewide network of services that are administered or provided by county governments and received by approximately 500,000 Californians each year. ADP's primary programs include substance abuse treatment for adults, substance abuse prevention aimed principally at youth, and mentoring. The intended outcome of these efforts is to improve the lives of individuals seriously involved with drugs or alcohol, and to reduce the socioeconomic costs to Californians that are a result of alcohol and other drug-related problems.

ADP is the Single State Agency responsible for administering and coordinating efforts in alcohol and drug abuse prevention, treatment, and

recovery services. ADP utilizes the county alcohol and drug programs as a broker of service to provide services to clients directly or by contracting with local service providers. About 1,800 public and private community-based service providers serve approximately 500,000 clients annually.

Each year, approximately 50,800 people enter state treatment programs with a primary alcohol problem and about 151,000 people a year are admitted to state treatment programs with a primary drug problem.

Assessment Identified HIPAA Impacts

ADP reported that the Department is a **covered entity** because it operates a **health plan**. ADP also reported that it is a **Business Associate**, a **Trading Partner**, and is **impacted by data content changes**. Some of ADP's programs are funded with Medicaid funding. In this scenario, ADP could be considered a business associate to DHS that is the single state agency for Medicaid funding.

ADP indicated that all programs within the department are affected by HIPAA. Based on the ADP website, these include:

- ✓ Alcohol and Drug Treatment for Adolescents
- ✓ Alcohol and Drug Treatment for Youth
- ✓ Applied Research and Analysis
- ✓ Audits and Investigations
- ✓ Criminal Justice Treatment Program for Women
- ✓ Criminal Justice Target Cities Project
- ✓ DRUG MEDI-CAL PROGRAM
- ✓ Female Offender Treatment Program (FOTP)
- ✓ Licensing and Certification
- ✓ Perinatal Programs: Alcohol and Drug Services
- ✓ Substance Abuse and Crime Prevention Act Program (Prop. 36)
- ✓ Substance Abuse Prevention and Treatment Program
- ✓ System of Care Redesign
- ✓ Youth Pilot Program

ADP also stated that directly impacted Drug Medi-Cal programs within the department include the Narcotic Treatment Program and the Perinatal Services Network. Alcohol and other drug services, timely processing of drug Medi-Cal claims and billing, Drug Medi-Cal and Net Negotiated Amount contracts, Information Technology services and programs, Substance Abuse Prevention and Treatment Program Block Grants are also HIPAA impacted. Other services and programs are indirectly impacted.

Business Relationships

ADP identified business partners and stakeholders as:

- ✓ The fifty-eight (58) counties
- ✓ Approximately nine hundred (900) community based service providers
- ✓ Other state agencies
- ✓ Department of Health Services
- ✓ Department of Mental Health
- ✓ Federal Government
- ✓ Electronic Data Systems
- ✓ Health and Human Services Data Center

CALIFORNIA DEPARTMENT OF CORRECTIONS (CDC)

Department and Program Descriptions

The California Department of Corrections operates all state prisons, oversees a variety of community correctional facilities, and supervises all parolees during their re-entry into society. CDC also operates a major health care delivery system for men and women housed in its prisons. There are approximately 300,000 felons under CDC jurisdiction in 33 state prisons ranging from minimum to maximum custody; 38 camps, minimum custody facilities located in wilderness areas where inmates are trained as wild land firefighters; 16 community correctional facilities; and 8 prisoner mother facilities.

Assessment Identified HIPAA Impacts

CDC reported that the Department is a **covered entity** because it operates as a **health care provider** to its inmates. Because the primary business of a correctional institution is not health care, CDC is classified under HIPAA as a **hybrid entity**, which will require CDC to put in place barriers to assure that protected health information is physically and logically separated and protected from non-healthcare correctional areas and functions. It is also a **trading partner** and is **impacted by data content changes**. CDC receives electronic health care information regarding individuals through the health care facilities at the various locations. Such information comes from the Department's health care contractors (e.g., hospitals).

CDC reported that the federal regulations specifically exempt CDC from the requirements of a health plan, even though CDC pays for health care provided to inmates through outside institutions and providers. HIPAA will impact the delivery of health care due to increased security and privacy controls on identifiable health information. CDC will be required to use in the standard format, or to use a clearinghouse to change the format to the standard format if it transmits transactions in its role as a provider.

CDC reported that the programs impacted by HIPAA in the Department include Health Care Services, Paroles, Quality Management, Program and Licensing, Information Technology, Health Care Cost and Utilization Program, Medical/Dental Services, Field Operations, Public Health, Institutions, Mental Health, Plaintiffs' Attorneys, Legislature, Office of Internal Affairs, Inspector General, Legal Affairs, Contractors, Courts/Court Monitors, and Utilization.

Business Relationships

CDC identified the following business partners and stakeholders:

- ✓ Hospitals
- ✓ Centers for Disease Control
- ✓ Department of Justice
- ✓ Health and Safety
- ✓ Inspector General
- ✓ Office of Internal Affairs
- ✓ State TB Controllers
- ✓ County Offices
- ✓ Office of AIDS
- ✓ Local Health Officers
- ✓ California Department of Social Services
- ✓ Contract Providers

Other business relationships exist with:

- ✓ Dialysis centers
- ✓ Outside hospitals
- ✓ Oncology Services
- ✓ Radiology Services

DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS)

Department and Program Descriptions

DDS provides services and supports for over 155,000 children and adults with developmental disabilities. These services are provided through state-operated developmental centers and contracts with twenty-one nonprofit agencies called regional centers. There were 155,574 clients in January 2002.

Assessment Identified HIPAA Impacts

DDS reported that it is a **covered entity** due to its role as a **health care provider** and a **health care clearinghouse**. DDS also reported that the Department is a **hybrid entity**, **business associate**, **trading partner**, and is **impacted by data content changes**.

The HIPAA-affected programs within the department include the Information Services Division, the Administration/Client Financial Services, the Developmental Centers Operations and Services, the Regional Center Operations and Community Services, the Office of Legal Affairs, and the Office of Human Rights and Advocacy Services.

The DDS State-operated developmental centers and community facilities are **health care providers** and licensed health care facilities. The centers and facilities are **business associates** to various partners, including regional centers and service providers in the community with whom confidential information is shared to coordinate services and supports to individual consumers.

The DDS's information services division maintains the data for services provided by the developmental centers and uses this data to generate electronic claims for Medicare reimbursement. This information also supports the billing of Medi-Cal and other private health insurance in non-electronic formats.

As a **clearinghouse**, DDS receives individually identifiable health information from the Department of Mental Health (DMH) and generates an electronic claim for Medicare reimbursement for services provided in the DMH hospital facilities.

As a **hybrid entity**, DDS contracts with the regional centers to obtain services and support for consumers residing in the community. Most of these services are non-health care services. The primary function of regional centers is not health related. Regional centers do not themselves provide direct health care services. However, individual consumer information is collected by the regional centers and shared with DDS for a number of administrative purposes, including billing and reporting for Medicaid Waiver reimbursement.

As a **business associate**, DDS receives individually identifiable health information from DMH and generates an electronic claim for Medicare reimbursement for services in the DMH hospitals. Individual consumer information collected by regional centers is provided by DDS to DHS to support Medicaid Waiver billing and reimbursement processes.

As a **trading partner**, DDS trades information with DMH, United Government Services and National Heritage Insurance Corporation, the fiscal intermediaries for the processing of Medicare claims.

DSS is **impacted by data content** in the developmental centers that currently use the codes for HIPAA identified transactions. The information is used by DSS for various administrative functions, including billing and reimbursement. These include the codes used by the developmental centers for procedures, diagnostic purposes, Medicaid Waiver reporting, and non-standard formularies currently being used. Services to consumers may be impacted due to any loss of funding if DDS does not comply with HIPAA.

Business Relationships

DDS's business partners and stakeholders include:

- ✓ Department of Health Services
- ✓ Medicare Fiscal Intermediaries
- ✓ Insurance Companies
- ✓ Department of Mental Health
- ✓ Health and Human Services Data Center
- ✓ Regional Centers
- ✓ Community Health Care Providers
- ✓ Vendor Services Providers
- ✓ Advocacy Group
- ✓ Consumers and their families
- ✓ Insurance Companies
- ✓ Medical Providers

CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION (CDF)**Department and Program Descriptions**

Responding to all types of emergencies on a daily basis is the role-played by most of the CDF workforce. Those emergencies take the form of wild land fires, residential/commercial structure fires, automobile accidents, heart attacks, drownings, lost hikers, hazardous material spills on highways, train wrecks, floods, earthquakes - the list is endless. CDF's firefighters, fire engines and aircraft respond to an average 6,400 wild land fires, and nearly 290,000 non-wildfire emergencies each year. Beyond its wild land fire-fighting role, CDF responds to an average of nearly 273,000 non-wildfire emergencies each year. It may very well be a CDF engine and crew is dispatched to the scene of an auto accident, or to a home where a child has become the victim of a drowning incident. The Department responds to medical aids of all types, hazardous material spills, swift water rescues, search and rescue missions, civil disturbances - the list is endless. CDF has 105 rescue squads (hazardous-materials, swift water rescues, jaws of life, defibrillators, etc.).

Assessment Identified HIPAA Impacts

CDF reported that their fire fighter emergency medical technicians (EMTs) are a **covered entity** by virtue of it being **health care providers**. However, CDF is continuing to assess the business relationship that their EMTs have with the health industry with whom they interact. If no electronic transmission of IIHI is conducted, CDF will not be a covered entity. If electronic transmission of IIHI is conducted, it will be **impacted by data content**. The Department is a **hybrid entity** since their primary functions is not providing health care.

The Department is also a **business associate**. CDF contracts with counties to provide emergency and fire service within the counties. By providing EMT services on the counties' behalf, CDF is performing a service for the counties that they would otherwise have to provide. This determination assumes that the counties are covered entities.

Business Relationships

CDF reported the following business associates, stakeholders, and other organizations with which they have business relationships:

- ✓ Counties participating in Emergency Medical Services contracts
- ✓ Medical providers

CALIFORNIA DEPARTMENT OF HEALTH SERVICES (DHS)

Department and Program Descriptions

DHS is organized into seven programs and six support areas -- Health Information and Strategic Planning, Licensing and Certification, Medical Care Services, Office of Multicultural Health, Office of Women's Health, Prevention Services, Primary Care and Family Health; and Administration, Audits and Investigations, Civil Rights, Legislative and Governmental Affairs, Legal Services, and Public Affairs.

Assessment Identified HIPAA Impacts

DHS has functions that are **health care providers, health plans, business associates, trading partners** and are **impacted by data content changes**. HIPAA significantly impacts DHS' process of medical and dental claims payment through standardization of transactions and code sets. This also has an effect on DHS policy analysis and fiscal reporting of IIHI.

The table following on the next page shows the DHS Divisions/Branches and their Programs:

REPORT TO THE LEGISLATURE - APPENDIX D

DEPARTMENT OF HEALTH SERVICES
Organizational Entities and Programs

Program/Organizational Entity		Program
1	Financial Management Branch	Administration
2	Fiscal Forecasting and Data Management Branch	
3	Audits and Investigations	
4	Medi-Cal Fraud Prevention Bureau	Medi-Cal Program
5	Office of Long Term Care	Long-Term Care
6	Children's Treatment Program	Children's Treatment Program
7	County Medical Services Program	County Medical Services Program
8	Emergency Medical Services Account Program	Emergency Medical Services Program
9	Licensing and Certification	Administration
10	Medi-Cal Managed Care Division	Medi-Cal Program
11	Medi-Cal Operations Division	
12	Medi-Cal Policy Division	
13	Medi-Cal Information System - Decision Support System	
14	Health Care Options	
15	Medi-Cal Dental Services	
16	Performance and Change Management Branch	
17	Third Party Liability Branch	
18	Prevention Services	Prevention Services
19	California Children's Services	California Children Services Program
20	Genetically Handicapped Person's Program	Genetically Handicapped Person's Program
21	Genetic Disease Branch	Genetic Disease Program
22	California Diabetic Pregnancy Program	California Diabetic Pregnancy Program
23	Comprehensive Perinatal Services Program	Comprehensive Perinatal Services Program
24	Office of Family Planning	Family Planning
TOTAL	24	15

Figure 3 – DHS – Organizational Entities and Programs

REPORT TO THE LEGISLATURE - APPENDIX D**The Medi-Cal Program**

The Medi-Cal Program is represented as eight (8) different divisions/branches. The table below shows how they are impacted by HIPAA.

DEPARTMENT OF HEALTH SERVICES**Medi-Cal Division/Branch Impacts**

Medi-Cal Divisions/Branches		Health Plan	Business Associate	Trading Partner	Data Content Impacted
1	Medi-Cal Information - Decision Support System		X		X
2	Medi-Cal Managed Care Division	X		X	X
3	Medi-Cal Policy Division	X		X	X
4	Third Party Liability Branch	X		X	X
5	Health Care Options		X		
6	Office of Medi-Cal Dental Services	X	X	X	X
7	Performance and Change Management Branch	X	X	X	X
8	Medi-Cal Operations Division	X		X	X
TOTAL IMPACTS		6	4	6	7

Figure 4 - DHS Medi-Cal Division/Branch Impacts

The table below further defines how the Med-Cal programs are impacted by HIPAA.

DEPARTMENT OF HEALTH SERVICES**Medi-Cal Program Impacts**

Type of HIPAA Impact		Number of Program Impacts
1	Covered Entity Health Care Provider	0
2	Covered Entity Health Care Plan	6
3	Covered Entity Clearinghouse	0
4	Hybrid Entity	0
5	Business Associates	4
6	Trading Partners	6
7	Impacted by Data Content	7
TOTAL IMPACTS		23

Figure 5 - DHS – Medi-Cal Program Impacts

REPORT TO THE LEGISLATURE - APPENDIX D

Total Medi-Cal HIPAA Impacts

The following table shows the 55 organizational impacts resulting from HIPAA on the Medi-Cal program.

DEPARTMENT OF HEALTH SERVICES**Medi-Cal Impacts**

Type of HIPAA Impact	Number of Divisions/Branches/Programs/Impacted
1 Covered Entity Health Care Provider	1
2 Covered Entity Health Care Plan	15
3 Covered Entity Clearinghouse	0
4 Hybrid Entity	0
5 Business Associates	7
6 Trading Partners	8
7 Impacted by Data Content	24
TOTAL ORGANIZATIONAL IMPACTS	55

Figure 6 - DHS – Medi-Cal Impacts**Other DHS Programs**

The DHS assessment showed an additional forty different impacts to programs other than Medi-Cal. These are shown in the table below.

DEPARTMENT OF HEALTH SERVICES**Other than Medi-Cal Program Impacts**

Type of HIPAA Impact	Number of Programs Impacted
1 Covered Entity Health Care Provider	2
2 Covered Entity Health Care Plan	11
3 Covered Entity Clearinghouse	0
4 Hybrid Entity	0
5 Business Associates	5
6 Trading Partners	4
7 Impacted by Data Content	18
TOTAL NUMBER OF IMPACTS	40

Figure 7 - DHS – Other than Medi-Cal Program Impacts

REPORT TO THE LEGISLATURE - APPENDIX D**Business Relationships**

The other significant indicator of the magnitude of the HIPAA impact on DHS is that of trading partners, business associates, or stakeholders. Twenty-one (21) public and private entities have three hundred fifty-four (354) organizations with business relationships with DHS. The table below identifies the division/branch/program and the number of business relationships it has.

DEPARTMENT OF HEALTH SERVICES**Business Relationship Impact**

	Division/Branch/Program	Number of Business Relationships
1	Fiscal Forecasting and Data Management	9
2	Office of County Health Services	7
3	Children's Treatment Program	6
4	Information Technology Systems Division	53
5	Medi-Cal Information System - Decision Support System Project	1
6	Medi-Cal Managed Care Division	53
7	Medi-Cal Operations Division	9
8	Medi-Cal Eligibility Branch	1
9	Rate Development Branch	3
10	Denti-Cal	9
11	Health Care Options	1
12	Performance and Change Management Branch	66
13	Office of Legal Services	4
14	Children's Medical Services	9
15	Genetic Disease Branch	21
16	Maternal and Child Health	10
17	Office of Family Planning	9
18	Primary and Rural Health Care Services	1
19	Women, Infants and Children (WIC)	5
20	Cancer Control Branch	40
21	Office of AIDS	37
TOTAL NUMBER OF BUSINESS RELATIONSHIPS		354

Figure 8 – DHS - Business Relationship Impacts

MANAGED RISK MEDICAL INSURANCE BOARD (MRMIB)

Department and Program Descriptions

The MRMIB administers three health care programs. They are:

The Access for Infants and Mothers (AIM) program provides low cost health insurance coverage to about 400 uninsured, low-income pregnant women and their infants.

The Healthy Families Program (HFP) provides low cost health, dental and vision coverage to over 500,000 uninsured children in low-wage families.

The Major Risk Medical Insurance Program (MRMIP) provides health insurance for Californians who are unable to obtain coverage in the individual health insurance market.

Assessment Identified HIPAA Impacts

MRMIB reported it is a **health plan**, therefore, it is a **covered entity**. In addition, MRMIB is a **trading partner** and **impacted by data content** and the programs affected by HIPAA are the HFP, AIM and the MRMIP. As a department with a main mission of purchasing health coverage for the otherwise uninsured, HIPAA will impact enrollment transactions done by MRMIP.

Business Relationships

MRMIB stated that their business partners and stakeholders include Electronic Data Systems (EDS), Health Care Alternatives, Blue Cross – Wellpoint, and the Price Waterhouse Corporation

Other business relationships exist with:

- ✓ Application Assistors
- ✓ Counties
- ✓ Insurance Companies
- ✓ Actuary/Auditing Firms
- ✓ Third-Party Administrators

DEPARTMENT OF MENTAL HEALTH (DMH)

Department and Program Descriptions

The mission of California's mental health system is to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access needed services and programs. These programs assist their clients to better control their illnesses, to achieve their personal goals, and to develop support skills, which will help them live more constructive and satisfying lives. Approximately 500,000 persons are served each year at a total cost of about \$2.6 billion.

Assessment Identified HIPAA Impacts

DMH reported that the Department has programs that are a **health care provider**, and a **health plan**; and is therefore a **covered entity**. DMH is also a **business associate**, **trading partner** and is **impacted by data content changes**. DMH provided the following list of organizational entities and staff classifications as being affected by HIPAA:

- Medicare and Medi-Cal fee-for-service claim submissions
- Health plan fee-for-service submissions
- Health information management
- Program offices
- Information technology
- Pharmacy
- Trust office
- Medical staff
- Psychology department
- Medical ancillary
- Clinical units
- Central program services
- Employee clinic
- Community forensic liaison
- Health and safety

Business Relationships

DMH identified the following key organizations with which it exchanges health information:

- Forensic Conditional Release Program (CONREP)
 - Mentally Disordered Offender (MDO) Independent Evaluators
 - Contract providers
 - Courts
-

- Contract physicians
- Medicare
- Medi-Cal
- California Department of Corrections
- Social Security Administration
- County Mental Health Departments
- Insurance companies
- Health care providers

DEPARTMENT OF PERSONNEL ADMINISTRATION (DPA)

Department and Program Descriptions

The Department of Personnel Administration represents the Governor as the "employer" in all matters concerning California State personnel employer-employee relations. As such, the Department is responsible for all issues related to collective bargaining including classification, pay, benefits, and training. DPA also administers the Savings Plus Program and the State Telework program. DPA's Legal Office offers a full range of legal services to agencies and departments on all labor relations matters and most employment and personnel matters.

Assessment Identified HIPAA Impacts

DPA identified the Department as being a **health plan**, therefore being a covered entity. In addition, DPA is a **business associate**, a **trading partner** and is **impacted by data content changes**. Programs impacted by HIPAA include:

Long-Term Care: CalPERS Long-Term Care Program has a current enrollment of 7,000 employees.

Flex Elect: FlexElect is a voluntary program which offers significant tax advantages and can increase employees' take home pay. Current enrollment is 32,000 employees.

Group Term Life Insurance: An employer-paid Basic Group Term Life Insurance Plan is provided to active State employees who are designated as excluded (i.e. supervisory, confidential, managerial and exempt). Current enrollment is 40,000 employees.

Rural Health Care Equity Program: The Rural Health Care Equity Program (RHCEP) provides reimbursements of certain health care expenses for State employees and annuitants who do not have access to a Health

Maintenance Organization (HMO). The number of active eligible state employees is 12,000 and state retirees is 18,000.

Business Relationships

The key organizations that DPA exchanges information with include state agencies, medical providers, insurance companies, and their third party administrator.

DPA reported the following list of business partners:

- California Public Employees' Retirement System
- State Compensation Insurance Fund
- Blue Cross
- Applied Services Incorporated (Third-Party Administrator)
- MetLife
- Delta Dental
- Prepaid Dental Plans
- Vision Services Plan
- State Controller's Office
- Insurance Companies
- Medical Providers
- State Agencies

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS (CDVA)

Department and Program Descriptions

The mission of the CDVA is to provide California veterans and their families with aid and assistance in presenting their claims for veterans' benefits under the laws of the United States; to provide them with beneficial opportunities through direct low-cost loans to acquire farms and homes; and to provide the state's aged or disabled veterans with rehabilitative, residential, and medical care and services in a home-like environment at the California Veterans Homes.

Assessment Identified HIPAA Impacts

CDVA reported that the department is a **health care plan** and a **health care provider**, and is therefore a **covered entity**. CDVA is also a **trading partner** and **impacted by data content changes**. Virtually all services provided by CDVA will be impacted by HIPAA rules. The programs impacted by HIPAA in CDVA include:

- Long-Term Care
- Immediate Care
- Residential Care
- Residential Care for the Elderly
- Acute Care

Business Relationships

The key organizations that CDVA exchanges health information and has business relationships with:

- ✓ Medicare
- ✓ Medi-Cal
- ✓ Hospitals
- ✓ Insurance Companies
- ✓ U.S. Department of Veterans Affairs
- ✓ California Department of Health Services
- ✓ California Legislature
- ✓ Governor's Office
- ✓ Patients' Families
- ✓ Veterans Service Organizations

E. DESCRIPTION OF OTHER HIPAA IMPACTED STATE DEPARTMENTS

CALIFORNIA STATE CONTROLLER'S OFFICE (SCO)

Department and Program Descriptions

It is the mission of the State Controller's Office to strengthen California's financial condition by being the leader in economic policy development; providing financial management services to State and local government; and being the independent protector of taxpayer dollars. The State Controller accounts for and controls disbursement of all State funds. The State Controller issues warrants in payment of the State's bills, and processes all personnel and payroll transactions for State civil service; exempt employees; State university and college system employees. Over 200,000 payroll checks are issued each month.

Assessment Identified HIPAA Impacts

The SCO indicated that the organization is a **business associate**, a **trading partner** and is **impacted by data content changes**. The SCO stated that the program affected by HIPAA within its framework is the Medi-Cal payment system.

Business Relationships

The key organizations with which the SCO exchanges health information are Electronic Data Systems, Department of Health Services (Medi-Cal Program), Blue Cross – PERSCare/Choice, and the Department of Social Services, Disability Evaluation Program. SCO identified their business partner and stakeholder to be the Department of Health Services, Medi-Cal Payment System Division.

EMERGENCY MEDICAL SERVICES AUTHORITY (EMSA)

Department and Program Descriptions

The EMSA is charged with providing leadership in developing and implementing EMS systems throughout California and setting standards for the training and scope of practice of various levels of EMS personnel. The EMSA also has responsibility for promoting disaster medical preparedness throughout the State, and, when required, managing the State's medical response to major disasters.

In California, day-to-day EMS system management is the responsibility of the local and regional EMS agencies. It is principally through these agencies that the EMSA works to promote quality EMS services statewide. EMSA staff also work closely with many local, State and federal agencies and private enterprises with emergency and/or disaster medical services roles and responsibilities.

Assessment Identified HIPAA Impacts

EMSA indicated that the organization is a **trading partner** and is **impacted by data content changes**.

Business Relationships

Local emergency medical services agencies are listed as the key organizations with which EMSA exchanges health information. The local emergency medical services agencies were also listed as its business partners and stakeholders.

EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD)

Department and Program Descriptions

The EDD administers the Job Service, Unemployment Insurance, Disability Insurance, Workforce Investment Act, and Welfare-to-Work programs. As California's largest tax collection agency, EDD also handles the audit and collection of employment taxes and maintains employment records for more than 19 million California workers. One of the largest State departments, EDD has approximately 12,000 employees located at over 300 service locations throughout the State who provide many important services to millions of Californians each year, including:

- Assisting California employers in meeting its labor needs
- Helping California job seekers obtain employment
- Administering the federally-funded workforce investment programs for adults, dislocated workers, and youth
- Assisting the disadvantaged and welfare-to-work recipients to become self-sufficient
- Helping unemployed and disabled workers by administering the Unemployment Insurance (UI) and Disability Insurance (DI) programs
- Supporting State activities and benefit programs by collecting and administering employment-related taxes (UI, DI, Employment Training Tax, and Personal Income Tax withholding)
- Providing comprehensive labor market information

Assessment Identified HIPAA Impacts

EDD indicated that the Department is **impacted by data content changes**.

Business Relationships

EDD indicated that they exchange information with medical providers, workers' compensation insurers, and Workers' Compensation Appeals Board. The business partners and stakeholders identified by EDD are medical providers and claimants.

Other HIPAA Impacts

The payment of State Disability Benefits (SDI), and the adjudication and authorization of Non-Industrial Disability Insurance (NDI) Benefits rely on medical providers for treatment codes, diagnoses and health information. EDD must be able to receive and store health information in the standard code format, thus needing to ensure privacy and security of the information.

HEALTH AND HUMAN SERVICES DATA CENTER (HHSDC)

Department and Program Descriptions

The HHSDC provides consolidated computer and networking services for the 13 departments and two (2) boards within the California Health and Human Services Agency. The Data Center also manages several key systems' integration projects for the Department of Social Services. These include systems for welfare, child welfare, statewide fingerprint imaging, and electronic benefits transfer.

Assessment Identified HIPAA Impacts

HHSDC indicated that the data center is a **business associate**. Its Information Technology Branch and Project Management Office provide staff support for HIPAA impacted projects.

Customer projects could impact the infrastructure capacity through increased use of processing and storage. HIPAA may also cause a possible need for spending authority to buy usage of a clearinghouse or translator or remediation software for its' customers' use. Resources could be needed for HIPAA privacy standards training.

Business Relationships

HHSDC identified the Department of Health Services, the Department of Mental Health, the Department of Social Services and possibly the Department of Alcohol and Drug Programs as business partners or stakeholders.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHDP)

Department and Program Descriptions

OSHDP plans for and supports the development of health care systems that meet the current and future needs of the people of California. To address its mission, OSHDP administers several diverse program activities. OSHDP:

- Serves as the building department for all hospitals and nursing homes in the State. This program is generally known as the Hospital Seismic Safety program, and is administered by the Facilities Development Division;
- Provides loan insurance to not-for-profit health facilities to help develop or expand access to needed services. This program is administered by the CalMortgage Loan Insurance Division;
- Supports the training of health professionals. These programs are administered by the Primary Care Resources and Community Development Division; and,
- Collects, analyzes, and disseminates information about nursing homes, clinics, home health agencies licensed in California and over 560 hospitals. The information includes financial reports, data on the use of services, and measures of the quality of care provided.

Assessment Identified HIPAA Impacts

OSHDP indicated that the office is **impacted by data content changes**. OSHDP's Patient Discharge Data Program receives inpatient administrative data electronically from hospitals. The data is reported in OSHDP's proprietary format, rather than in a standard billing format. When OSHDP begins collection of emergency department and ambulatory surgery center data in 2003, it will use national standard transaction sets. OSHDP plans to move the inpatient data collection format to national standard transaction format by 2005.

Business Relationships

OSHPD identified key organizations in which the Office exchanges health information as hospitals, universities and the Department of Health Services. OSHPD identified the following programs as HIPAA impacted:

- Patient Discharge Data Section
- Health Care Information Resource Center
- California Hospital Outcomes Project
- California Coronary Artery Bypass Graft Mortality Reporting Program

DEPARTMENT OF INDUSTRIAL RELATIONS (DIR)

Department and Program Descriptions

DIR's mission is to improve working conditions for California's wage earners and to advance opportunities for profitable employment in California.

DIR monitors the administration of workers' compensation claims, and provides administrative and judicial services to assist in resolving disputes that arise in connection with claims for workers' compensation benefits. DIR's mission is to minimize the adverse impact of work-related injuries on California employees and employers.

Assessment Identified HIPAA Impacts

The divisions within DIR that are impacted by HIPAA are the Division of Workers' Compensation and the Division of Self-Insurance Plans. DIR indicated that the divisions were **trading partners** or **impacted by data content changes**. The programs within the department that are HIPAA impacted include:

- Workers' Compensation Appeals Board
- Workers' Compensation Information System
- Health Care Organization
- Utilization Review
- Disability Evaluation Unit
- Audits and Investigations Units

Business Relationships

The key organizations identified by DIR as entities that they exchange health information include:

- ✓ Insurance Companies
- ✓ Claimant Attorneys
- ✓ Defense Attorneys
- ✓ Self-Insurance Companies
- ✓ Third Party Administrators

OFFICE OF THE INSPECTOR GENERAL FOR VETERANS AFFAIRS (OIG VA)

Department and Program Descriptions

The OIG VA is responsible for reviewing the operations and financial condition of the three Veterans Home of California, the Cal-Vet Farm and Home Purchase Program and all other veterans programs supported by the State. The OIG VA serves as an independent adviser to the California Veterans Board.

Assessment Identified HIPAA Impacts

The OIG VA indicated that the office is a **business associate** on a limited basis only. Although the OIG VA is not directly impacted by data content changes now, they may be impacted on a limited basis in the future. The program within the office that is affected by HIPAA is skilled nursing facility “mock” survey assistance.

Business Relationships

The key organizations with which the office exchanges health information and are its business partners/stakeholders are the California Department of Veterans Affairs and the Veterans Homes.

CALIFORNIA DEPARTMENT OF INSURANCE (CDI)

Department Description

Insurance is a \$80 billion-a-year industry in California. Overseeing the industry and protecting the State's insurance consumers is the responsibility of the CDI. The CDI regulates, investigates and audits insurance businesses to ensure that companies remain solvent and meet their' obligations to insurance policyholders.

As administrator, the Commissioner enforces the laws of the California Insurance Code and promulgates regulations to implement these laws. The Commissioner also issues certificates of authority to insurance and title companies seeking admittance into the California market; and licenses agents, brokers, solicitors and bail bonds agents domiciled in the State.

CDI's statewide toll-free hotline, serves as an information clearinghouse for consumers with insurance-related questions or problems and the CDI responds to thousands of consumer requests for assistance complaints received each month. Acting on these requests, the department protects consumers by investigating and prosecuting companies and licensees accused of insurance code violations, including fraud.

Assessment Identified HIPAA Impacts

CDI has identified itself as a regulator of insurance companies with an indirect HIPAA impact.

Business Relationships

The key organizations, business partners and stakeholders that exchange health information with CDI are insurance companies, agents, brokers and medical providers.

DEPARTMENT OF MANAGED HEALTH CARE (DMHC)

Department and Program Descriptions

The California Department of Managed Health Care, a first-in-the-nation consumer rights project, was launched on July 1, 2000 to help Californians resolve problems with their HMO as well as ensure a better, more solvent and stable managed health care system. DMHC works toward an accountable and viable managed care delivery system that promotes healthier Californians. The department shares responsibility with everyone in managed care to ensure aggressive prevention and high quality health care as well as improved overall efficiency.

Assessment Identified HIPAA Impacts

DMHC identified itself as a Health Care Oversight Agency. A **health care oversight agency** is defined in the HIPAA regulations as an agency of a state designated by law to oversee government health care programs that health care information is necessary to determine eligibility, compliance, or to enforce the civil rights laws for which the health information is relevant. They also are **impacted by data content changes**.

DMHC identified the programs within the department that are affected by HIPAA as the Health Maintenance Organizations Help Center and Enforcement Programs.

Business Relationships

The key organizations with which DMHC exchanges health information are health plans, independent medical review organizations and providers.

CALIFORNIA MEDICAL ASSISTANCE COMMISSION (CMAC)

Department and Program Descriptions

The California Medical Assistance Commission was established in 1982 to negotiate contracts for specific services under the Medi-Cal program. The goal of the Commission is to promote efficient and cost-effective Medi-Cal programs through a system of negotiated contracts fostering competition and maintaining access to quality health care for beneficiaries.

Major Commission activities include: negotiating contracts with hospitals for inpatient services statewide; developing and negotiating contracts with county organized health systems; and developing and negotiating contracts with health care plans in selected areas for the provision of all covered health services to Medi-Cal beneficiaries on a per capita basis (managed care).

Assessment Identified HIPAA Impacts

CMAC indicated that the Commission is a **business associate** and is **impacted by data content changes**. The programs identified as affected by HIPAA are the Research Department's Medi-Cal Data Collection, Computer Programs, and Medi-Cal Contracts. Negotiations with hospitals and data gathering will be affected by HIPAA.

Business Relationships

The key organizations with which CMAC exchanges health information include:

- ✓ Department of Health Services (Medi-Cal)
- ✓ Hospital Providers
- ✓ Office of Statewide Planning and Development
- ✓ Managed Care Health Plans

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS)

Department and Program Descriptions

CDSS strives to carry out its mission of providing aid, services and protection to needy children and adults. At the same time, the Department strives to strengthen and encourage individual responsibility and independence for families. By managing and funding its programs, the objectives of the Department are carried out through the 4,200 employees located in 51 offices throughout the State, the 58 county welfare departments, offices and a host of community-based organizations.

The Department of Social Services administers four major programs: welfare, social services, community care licensing, and disability evaluation. It performs the function where public assistance applicants and recipients can request a hearing in front of an administrative law judge concerning any action taken by a county welfare department concerning their case.

Assessment Identified HIPAA Impacts

CDSS indicated that the State hearings function is that of a **business associate**.

Business Relationships

CDSS identified key stakeholders are:

- ✓ Department of Health Services
- ✓ Department of Mental Health
- ✓ Department of Alcohol and Drug Programs
- ✓ Department of Aging
- ✓ County Welfare and Children Services Departments
- ✓ Office of Statewide Health Planning and Development

Other HIPAA Impacts

CDSS' detailed impact assessment may determine that further changes are needed to the CDSS program systems if DHS modifies the data elements in the MEDS database. If CDSS were unable to make the changes that could be required concurrently with the MEDS changes, significant disruption to CDSS programs could result. Secondary program impacts may be anticipated in CalWORKs, the In-Home Supportive Services/Personal Care Services Program and the State Hearings function. The business partners and stakeholders identified by CDSS included county welfare and children's services departments.

CALIFORNIA DEPARTMENT OF YOUTH AUTHORITY (CYA)

Department and Program Descriptions

California Youth Authority (CYA) emphasizes public protection and offender accountability, and believes that the most effective way to protect the public is to ensure that offenders are held accountable for criminal behavior. The Department and its staff are committed to working closely with law enforcement, the courts, the district attorneys and public defenders, probation and a broad spectrum of public and private agencies concerned and involved with problem youth.

Operating eleven institutions and four camps, the Department offers a variety of housing options and a wide variety of quality programs and services to meet the needs of this varied population.

Assessment Identified HIPAA Impacts

CYA identified the department as being **impacted by data content changes**. Although CYA is a health care provider, currently no transactions are handled electronically, however in the next few years they will be. The programs that will be affected by HIPAA include:

- Health care services (medical, dental, mental health)
- Intake and court services
- Master files
- Population management
- Transportation
- Legal office
- Institutions and camps
- Parole services and community correction services
- Research
- Accounting
- Information Technology
- Internal Affairs

Business Relationships

CYA identified as the key organizations that the department exchanges health information:

- Courts
- Office of Inspector General
- Department of Justice
- Department of Social Services

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- Department of Mental Health
- Center for Disease Control
- Plaintiffs' attorneys
- Legislature
- Health care providers, contractual and non-contractual
- Youthful Offender Parole Board

The business partners and stakeholders of CYA include:

- ✓ Laboratory Contractors
- ✓ Research Contractors
- ✓ Correctional Institution Pharmacy System
- ✓ Health Care Provider Contractors

F. STATE DEPARTMENTS' PROGRAMS IMPACTED BY HIPAA

PROGRAMS ONLY	COVERED ENTITIES					IMPACTED ENTITIES		
	Covered Entity	Health Care Provider	Health Care Plan	Health Care Clearing House	Hybrid Entity	Business Associate	Trading Partner	Impacted by Data Content
1 Aging - Adult Day Health Care Program	X		X		X	X	X	X
2 Aging - Multipurpose Senior Services Program	X		X			X	X	X
3 Alcohol and Drug Programs Department			X			X	X	X
4 Controllers Office- Medi-Cal Payment System						X	X	X
5 Corrections -Hospitals		X			X		X	X
6 Developmental Services - Information Services Division	X	X		X		X	X	X
7 Developmental Services - Admin. Division/Client Financial Services	X	X						X
8 Developmental Services - Developmental Ctr. Operations/Services	X	X		X				X
9 Developmental Services - Regional Center Operations and Community Services					X	X		X
10 Emergency Medical Services							X	X
11 Employment Development								X
12 Forestry and Fire Protection - EMTs		X			X	X		X
13 Health and Human Services Data Center						X		
14 HS - Audits and Investigations								X
15 HS - California Children's Services (CCS)	X		X					X
16 HS - California Diabetic Pregnancy Program (CDAPP)						X		X
17 HS - Children's Health and Disability Prevention (CHDP)	X		X					X

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PROGRAMS ONLY	COVERED ENTITIES					IMPACTED ENTITIES		
	Covered Entity	Health Care Provider	Health Care Plan	Health Care Clearing House	Hybrid Entity	Business Associate	Trading Partner	Impacted by Data Content
18 HS - Children's Treatment Program	X		X					X
19 HS - County Medical Services Program (CMSP)	X		X					X
20 HS - Emergency Medical Services Account Program	X		X					X
21 HS - Fiscal Forecasting and Data Management Branch								X
22 HS - Genetic Disease Branch	X	X	X				X	X
23 HS - Genetically Handicapped Person's Program (GHPP)	X		X					X
24 HS - Health Statistics Center								X
25 HS - Licensing and Certification								X
26 HS - Medi-Cal Program	X		X			X	X	X
27 HS - Office of Family Planning (OFP)	X		X					X
28 HS - Office of Long Term Care						X		X
29 HS - Perinatal Services Program (CPSP)						X		X
30 HS - Prevention Services	X		X				X	X
31 Industrial Relations							X	X
32 Inspector General, Veteran Affairs						X		
33 Managed Health Care								X
34 Managed Risk Medical Insurance Board - Healthy Families			X				X	X
35 Managed Risk Medical Insurance Board - MRMI Program			X				X	X
36 Medical Assistance Commission						X		X
37 Mental Health			X			X	X	X
38 Personal Administration - Flex Elect								X
39 Personal Administration - Rural Health Care Equity			X			X	X	X
40 Personal Administration - Group Term Life						X		

REPORT TO THE LEGISLATURE - APPENDIX Q

PROGRAMS ONLY	COVERED ENTITIES					IMPACTED ENTITIES		
	Covered Entity	Health Care Provider	Health Care Plan	Health Care Clearing House	Hybrid Entity	Business Associate	Trading Partner	Impacted by Data Content
41 Personal Administration - Long-Term Disability						X		
42 Public Employees Retirement - Health Benefits Division	X		X		X		X	
43 Public Employees Retirement - Self Funded Program	X		X		X		X	
44 Public Employees Retirement - Long-Term Disability	X		X		X			
45 Social Services - State Hearings						X		
46 Statewide Health Planning and Development								X
47 Veterans Affairs - Veteran Homes		X	X				X	X
48 Victims Compensation Board								X
49 Youth Authority								X
49	18	7	21	2	7	19	18	41

Figure 18 – State Departments' Programs Impacted by HIPAA